

## PART B - FEE(S) TRANSMITTAL

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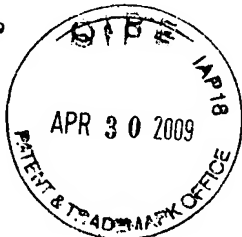
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Fideliz Romero	(Depositor's name)
<i>Fideliz Romero</i>	(Signature)
4-30-09	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/567,272	02/06/2006	Louis Chevallier	PF030127	9725

TITLE OF INVENTION: METHOD FOR REPRODUCING AUDIO DOCUMENTS WITH THE AID OF AN INTERFACE COMPRISING DOCUMENT GROUPS AND ASSOCIATED REPRODUCING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/16/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LERNER, MARTIN	2626	704-270000				
		01 FC:1501	1510.00 DA			
		02 FC:1504	300.00 DA			
		03 FC:0001	9.00 DA			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert D. Shedd  
2 Paul P. Kiel  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boulogne Billancourt, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Paul P. Kiel*

Date 4/29/09

Typed or printed name

Paul P. Kiel

Registration No. 40,677

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